Potential Terms for Providing Efficient and Responsive Customer Service for Health Coverage in California

This draft discussion document provides an overview of our vision for an integrated state and county eligibility, enrollment and retention system. The concept creates a county and state partnership to develop a coordinated and integrated system. The concept is based on the following principles:

- Successfully implement the Affordable Care Act (ACA) in 2014.
- Seek to ensure that processes are as consumer-friendly as possible, including the ACA goals of: (1) "No Wrong Door **in that every portal can direct them to the person who can provide assistance**;" (2) "first class user experience;" and (3) "one-touch" and done **by ensuring the person obtains information from the worker who is most knowledgeable in the programs they are eligible for.**
- Create stronger accountability, transparency, and uniform rules with appropriate performance standards and payment processes for the eligibility, enrollment, and case management experience across all publicly subsidized and non-subsidized programs.
- Assure enrollment, renewal and case management processes are as simple as possible for:
    - Mixed families or families with multiple types of health care coverage including Medi-Cal and tax subsidies/Basic Health Plan.
    - Families on Medi-Cal/tax subsidies and social service programs.
    - Families who move back and forth between Medi-Cal and tax subsidies.
- Leverage county **and state** health and social service expertise and workforce.
- Develop a strong governance structure **under the Exchange** to ensure that the respective business and legal responsibilities of Medi-Cal, Healthy Families and the Exchange are met.
- Ensure the Administration controls the Medi-Cal program and eligibility process **and the Exchange oversees their marketplace for Exchange products**.
- Minimize ongoing Exchange revenue needs.
- Minimize General Fund expenditure risks and cost increases.
- Maintain the respective authority and decision-making for the partners in this initiative.
- Preserve and protect the social service delivery system.

Collectively, these principles will support a broader effort to enhance the state/county partnership to deliver and strengthen health and social services **and to provide a marketplace for those newly eligible for subsided or unsubsidized health insurance products.**

Statewide Integrated Call Center. A linked network of state and county call centers using state and county resources would have the capability to **screen and** allocate calls across all available resources and would have the responsibility of handling calls coming into statewide toll-free numbers.

This state/county integrated call center concept creates a framework for organizing some of the key customer service elements called for to meet the needs of new and existing enrollees who can benefit from health care service programs under the ACA. It describes the structure of the key doorways through which customers may seek services and how the needs of existing cases will be met. These access points include:

- Statewide toll-free number handled by an integrated statewide call center network composed of coordinated state and county resources.
- In-person walk-in access in all counties **and selected state offices** throughout that state.

Role of Participating Counties **or existing state call centers** in the Integrated Call Center. To be ready for 2014, the State would seek partnerships **to its centralized call center** with counties **or other state departments who have** demonstrated capacity and infrastructure to provide the networked call center services. Among other standards and terms yet to be developed, this subset of counties **or state call centers** would be required to have existing call center operations, the ability to support the centralized service center needs, and the capacity to train and monitor call center services, particularly during the initial enrollment period. They would field incoming inquiries **by phone, from other counties, walk-ins or the state call center** about obtaining health care coverage through Medi-Cal and Healthy Families and advance premium tax credit and unsubsidized coverage available through the Exchange.

The starting assumption is that an integrated County/State linked network of call centers would be potentially distributed among multiple counties, but not all counties would participate. The selection of call centers **linked through the state** would be based on their commitment to the concept and demonstrated capacity to provided necessary customer services.

We welcome discussion and suggestions of metrics for existing capacity, such as:

- Existing service center with at least XX staff assigned to answering calls.
- Demonstrated operational experience with existing structure (e.g. in operations for at least some number of years) combined with performance statistics that meet the desired service levels established for phone response and processing times.
- Telephone and system infrastructure that is compatible with the state center infrastructure to allow for the pooling of state and county resources and assignment to the next available operator without regard to an applicant's location.
- Develop a networked set of county service centers that can distribute incoming demands equally across all partners.
- **Develop a networked set of state call centers that can distribute incoming demands equally among all partners.**
- Capacity to provide immediate display of client data if a client is identified or has an application in process.

- Transparency and statewide oversight of call center operations and services.

These call centers would be responsible for the following functions **with county centers geared towards using their expertise in enrolling in no-cost programs and other social services programs such as SNAP and the state call centers geared towards subsidized, coverage. Non-subsidized and SHOP enrollment would be handled through the Exchange:**

- Along with the integrated state resources, provide services for all callers seeking coverage through the central number, from a general inquiry through eligibility and plan enrollment

- Operational responsibility to support eligibility determination functions for callers applying for:
    - MAGI Medi-Cal (per arrangements with DHCS).
    - Healthy Families (per arrangements with the Healthy Families Program).
        - Advance premium tax credit **including cost sharing reductions.**

- Operational responsibility for enrollment of beneficiaries in health plans for applicants:
    - Individuals with subsidized coverage through tax credit.
    - Potential Medi-Cal beneficiaries.
    - Potential Healthy Families subscribers.

- Call centers must have the ability to:
    - Adjust to changes in call volumes.
    - Offer extended hours (e.g. nights and weekends).
    - Integrate and share information across consortia and state service center.
    - Provide standardized performance data and metrics on a monthly basis.
    - Transition data in a secure and reliable manner.
    - Serve clients in multiple languages.

- It would need to be determined the extent to which various services, beyond providing general coverage information and assisting with eligibility and enrollment processing, might be most appropriately provided through the integrated County/State network versus provided by staff in the county of residence (e.g. simple processes such as address changes could be handled as generic network services and complex case management service handled only by county of origin), and the extent of services provided to Healthy Families enrollees.

- Also, the State will need to determine how to handle case management for mixed eligibility cases where one member of the household is on Medi-Cal and another member is on advance premium tax credits.

The integrated service center would hand off calls coming into the centralized web portal and phone system related to ongoing case management tasks for Medi-Cal to the

individual's county of residence. The hand-off would occur through the network of call centers so that the individual continues to have a seamless customer service experience.

The integrated call center at the state level would handle calls coming in on the general line for inquires related to the Small Employer Health Options Program ("SHOP") **and non-subsidized coverage.** Separate statewide numbers may be established for Assisters and Navigators support and for ongoing support of SHOP enrollees, both of which would likely initially only be served by state center staff. The state center staff would also be assigned tasks related to ongoing needs (e.g. change of circumstances, renewals) of enrollees in Exchange programs, including both Exchange subsidy and non-subsidy enrollees. Over time, and based on capacity and training, these cases could potentially be transitioned to "shared" cases between the state center and county centers. (Note: to the extent county staff participating in the integrated call center and are assigned case management tasks for Exchange cases, such referrals would not be on a geographic basis.)

Statewide Portal Assistance. Consumers will use one statewide portal (website) for enrollment into health care coverage programs. To the extent that follow up assistance is needed and the electronic system is not able to make a real-time eligibility determination, the integrated call center would provide follow up assistance.

In-Person Assistance. County social service agencies **or designated state offices** would have the following responsibilities for individuals seeking in-person assistance (Note: this does not deal with the Navigator function) and would continue to provide services to walk-in applicants.

- Operational responsibility to support eligibility determination functions:
  - MAGI Medi-Cal and Healthy Families.
  - Advance premium tax credit.
  - Cost-sharing reductions.

- Operational responsibility for enrollment of beneficiaries in health plans (could include Medi-Cal and Healthy Families) and the ability to connect or refer an applicant to the state call center:
  - Individuals with unsubsidized coverage.
  - Individuals with subsidized coverage through tax credit.

- Operational responsibility to support redetermination functions:
  - MAGI Medi-Cal and Healthy Families.

- To the extent requested by a consumer, operational responsibility to support on-going case management for:
  - Advance premium tax credit.
  - Cost sharing reductions.
  - Families with multiple forms of coverage.

Performance Standards. The following is a list of examples of potential measures of performance. It is the expectation that Medi-Cal, the Exchange, Healthy Families, Counties **and state call centers** would agree on service metrics, but that specific standards may vary across the programs. Additional measures need to be considered and specific standards, rates, and benchmarks developed.

- Phone service (for any call type):
  - Call abandonment rate.
  - Calls encountering busy signal.
  - Seconds to live voice.
  - Seconds waiting during transfers.
  - Time to call back on inquiries.

- Eligibility determination:
  - Time to process application.
  - Time to complete application.
  - Time to register appeal.
  - Time to forward data.
  - Accuracy of eligibility determinations.
  - Accuracy of tax credit calculations.

- Redeterminations/renewals:
  - Time to process application.
  - Time to complete application.
  - Time to register appeal.
  - Time to forward data.
  - Accuracy of eligibility determinations.
  - Accuracy of tax credit calculations.

- Verification of change of income from electronic data sources:
  - Time to work case to verify income.
  - Accuracy of the verification.

- Quality of service (in person and phone based):
  - Recording of sample of calls.
  - Quality assurance monitoring by independent contractor.
  - Customer satisfaction.
  - Customer complaints.
  - Accuracy of information provided.

- Web based process
  - Time to complete application from arrival date.

- Centralized mail-in process

- Time to complete application from arrival date.

Standardized Reporting and Tracking

- System automation to provide the following to county and state on a monthly basis:
  - Standardized data sets.
  - Performance metrics described above.
  - Ability to report at service center, county and regional **and state** levels as needed.
  - Assessment includes a comparison of customer service performance compared with Federal Facilitated Exchange and other large state Exchanges; making appropriate adjustments to assure comparability of populations served (e.g., demographics, language, education levels).

Contracting Terms and Payment. What follows is a set of potential contracting and payment terms for discussion. These terms could apply to the service agreements between participating counties **and state call centers** and: (1) jointly, the DHCS and the Exchange; or (2) through separate contracts with DHCS and the Exchange individually. Depending on the scope of the engagement it may or may not encompass the services required to support Medi-Cal case management. There would need to be clarification regarding changes in service arrangements for Healthy Families populations.

- Counties **or other state call centers** would receive reimbursement based on allocations from the Medi-Cal program and through contracts with the Exchange. Over time, the Medi-Cal Program could be based on counts of each unit of service performed. Potential service counts could include phone call handled, application completed, income reassessment, annual redetermination, case management, and other activities. Initial payment levels could be determined by:
  - The average amount of time determined for each of the activities based on an independent analysis.
  - The direct labor cost based on the county grouping **or state labor cost**.
  - An additional XX percent of the direct labor cost for overhead and indirect costs.
  - An additional XX percent of direct labor cost if the county **or state call centers** meet quality, timeliness and other standards.

- Payments to counties **or state contracted call centers** for Exchange services performed would be based on the contract negotiations related to performance and cost terms for those counties with which the Exchange is contracting. [Note: The Exchange is considering its reimbursement approach to Navigators which could affect the approach to county contract payments and may affect all counties.]

- Compliance and corrective actions for underperformance

- Peer review and assistance.
- State-level review and assistance.
- Financial penalties for failure to meet service levels.
- Transfer of workload/services to other counties or the state service center in the event service standards are not met.

Partnership Implementation Steps

- Develop business and technical analysis of capacity and technical environment of candidate county call center.
- Develop roadmap for joint State/County change-management efforts to help managers, supervisors and eligibility workers **and other state department call centers to** understand new expectations.
  - Implementation of roadmap to take place over course of the following six to nine months.
- Begin planning with the Exchange to develop a coordinated plan and schedule for developing coordinated services capacity.
- Develop technical and business requirements for a solicitation to establish the state-level call center/service center infrastructure.
- Establish a State/County partnership team to develop implementation, business process re-engineering and change management readiness approaches with timelines and milestones.
- Develop a training plan and training content to be delivered to staff in participating counties.
- Develop workload volume expectations and ranges for different enrollment periods – pre-enrollment, implementation and on-going.
- Hire **or transfer staff** and **provide** train**ing.**
- Finalize testing and implementation of CalHEERS and SAWS system changes.
- Final determination of readiness of participating counties **and state call centers** and contract with lead partner counties **and state departments.**
- Identify and implement service and quality standards for all participating centers.